

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520284

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8	/		/				58						
9		/		/			59						
10	/		/				60						
11	/		/				61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20	/		/				70						
21		/		/			71						
22		/		/			72						
23	/		/				73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27	/		/				77						
28		/		/			78						
29		/		/			79						
30	/		/				80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.		↓	8	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	204	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			32				TOTAL CLAIMS						